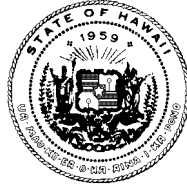


DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2020

TO: The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Consumer Protection, Commerce and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1943 – RELATING TO HEALTH**

Hearing: Wednesday, February 5, 2020, 2:45 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) requests clarification and offers comments.

PURPOSE: The purpose of this bill is to provide medical assistance for pregnant women in certain circumstances. Section 2 of the bill amends section 346-70, Hawaii Revised Statutes (HRS), to make “[a]ny pregnant woman who is ineligible for medical insurance coverage through her employer or medicaid” eligible for medical assistance for twelve months following childbirth.

DHS notes that this would be a large population to offer Medicaid eligibility. DHS appreciates that the intent of the bill may be to cover individuals that have no other access to health coverage. However, the bill could be read to make individuals with more diverse sources of coverage eligible for Medicaid by only exempting individuals eligible for Medicaid or employment sponsored insurance. For instance, the bill could be read to make other groups eligible for Medicaid such as Medicare eligibles, Marketplace eligibles, self-employed

individuals, individuals covered in other group plans, and individuals covered in two-party or family plans through a spouse, parent, or other individual. DHS requests clarification on what populations are intended to be covered under this bill.

DHS notes that section 346-70, HRS, currently gives DHS the authorization to cover certain groups of pregnant women with State-only funding. DHS does cover the population described in section 346-70(a)-(b), HRS, but now does so through the Medicaid State Plan so that DHS can maximize matching federal funds.

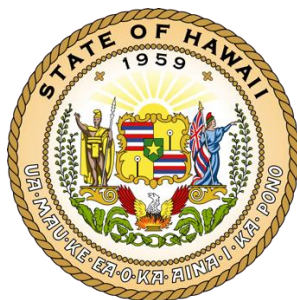
The language of the bill creates ambiguity on whether DHS must cover the new population, and if so, whether DHS must provide the coverage using State-only funds, matching federal funds, or whether DHS has discretion to determine the source of funding. DHS requests clarification on these points so that it can better understand its potential responsibilities.

DHS notes that if matching federal funds were sought, approval for expanding coverage could not be guaranteed. The Centers for Medicare and Medicaid Services (CMS) would have to approve the request. Research indicates that CMS has not consistently approved other states' requests for twelve-month post-partum coverage. Furthermore, Medicaid eligibility for other populations is determined in part by income limits and health and disability status. These features are not part of the coverage expansion in this bill. CMS may choose not to approve a request to expand coverage to large group of individuals without an income limit. If CMS does not approve a coverage expansion, then State-only funds would have to be used to finance the new coverage.

DHS notes that the bill does not have an appropriation. Expanding coverage to a large population will require additional funding. DHS is unable to provide a fiscal estimate at this time but likely could provide an estimate if clarifications on the population are made.

DHS notes that improving maternal health is an important priority and goal of the state. DHS has appreciated the opportunity to engage with stakeholders on this issue and intends to continue working with them to ensure women have access to care after birth.

Thank you for the opportunity to testify on this bill.



‘O kēia ‘ōlelo hō’ike no ke
Komikina Kūlana Olakino o Nā Wāhine

Testimony on behalf of the
Hawai‘i State Commission on the Status of Women

Prepared for the Senate Committees on CPH/HMS

In Support of SB2429
February 5, at 2:45 p.m. in Room 016

Dear Chairs Baker and Ruderman, Vice Chairs Chang and Rhoads, and Honorable Members,

The Hawai‘i State Commission on the Status of Women writes in **support** of SB2429, which would provide medical assistance for pregnant women who are ineligible for medical insurance coverage through their employer or medicaid for a period ending twelve months following childbirth.

The postpartum period is one of the most neglected components of maternal care. According to the University of Hawai‘i, mothers in Hawai‘i are dying of pregnancy-related complications (maternal mortality) at higher rates than in any other developed country. As a result, 33.1% of maternal deaths occur during the postpartum period, with 11.7% occurring between 43-365 days following childbirth. Approximately sixty percent of these deaths are preventable according to the [Center for Disease Control](#) Pregnancy Mortality Surveillance System, which cited inadequate access to health care as a significant contributing factor to maternal mortality. In light of the findings, in May 2019, the CDC recommended extending Medicaid coverage for pregnant women to include one year of postpartum care.

Accordingly, the Commission respectfully urges the Committee to pass SB2429.

Sincerely,

Khara Jabola-Carolus



Hawaii Women's Coalition

To: Hawaii State Senate Committee on Human Services
Hawaii State Senate Committee on Commerce, Consumer Protection, and Health

Hearing Date/Time: Wednesday, February 5, 2020, 2:45 p.m.

Place: Hawaii State Capitol, Rm. 016

Re: Testimony of Hawaii Women's Coalition in strong support of S.B. 2429

Dear Chair Ruderman, Chair Baker and Members of the Committees,

Hawaii Women's Coalition writes in strong support of S.B. 2429. Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU admissions due in part to daunting system barriers to continuous reproductive life health insurance coverage. For reasons of health, safety and the public purse, it makes good sense for Hawaii to extend MedQuest postpartum benefits through 12 months postpartum for all pregnant women. In practical terms this will impact primarily COFA migrants, recent immigrants with documents (green card) and undocumented immigrants.

In the first busy sleep deprived months with newborn, appointments for mom may become a low priority. Increasingly, young mothers are returning to the workforce shortly after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

Extending MedQuest coverage through 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions.

Thank you for your support for this important measure.

Sincerely,
Hawaii Women's Coalition

SB-2429

Submitted on: 2/3/2020 4:25:13 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Ching, MD, MPH	Testifying for American Academy of Pediatrics, Hawaii Chapter	Support	No

Comments:

Dear Chairs Ruderman and Baker and Vice-Chairs Rhoads and Chang:

We are writing in support of SB 2429, which would extend Medicaid coverage of postpartum women from 60 days to 12 months.

Having continuous health insurance will support the most important person in a child's life and provide the best environment for our keiki in their most vulnerable period of development. A woman would be able to access ongoing mental health support for post partum depression, care for complications relating to childbirth, and long term contraception to prevent becoming pregnant too soon. These are all factors that can improve the health of their infants. Extending postpartum Medicaid will improve and promote healthy development, prepare children for school and the workplace, and provide for healthy future pregnancies.

Our organization strongly believes that efforts to support families with young children will pay long term dividends for the health and success of our state. We encourage you to pass this bill from your committees.

Please feel free to contact me at 808-432-5605 if you have any questions or comments.

Very respectfully,

Michael S.L. Ching, MD, MPH, FAAP

President

American Academy of Pediatrics, Hawaii Chapter

SB-2429

Submitted on: 2/1/2020 4:51:28 AM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	Testifying for aauw of hawaii	Support	No

Comments:

SB-2429

Submitted on: 2/2/2020 11:01:12 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Erica Yamauchi	Testifying for Hawaii Children's Action Network	Support	No

Comments:

I am writing in strong support of this bill and increased postpartum care for women.

Currently, postpartum coverage for women with medicaid is only guaranteed for 60 days. The postpartum period is a critical time for women, particularly those that may have depression, other psychiatric conditions, substance use disorder and require access to on-going services.

Recent data shows 50% of our maternal deaths between 2015 and 2016 were in the late postpartum period, which occurs up to one year after delivery.

To improve maternal health outcomes nationwide, multiple state Maternal Mortality Review Committees made specific recommendations to expand postpartum coverage to 12 months.

Thank you for your time and consideration.

Erica Yamauchi

President, Board of Directors, Hawaii Children's Action Network

SB-2429

Submitted on: 2/2/2020 11:20:41 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Midwives Alliance of Hawaii	Testifying for Midwives Alliance of Hawaii	Support	No

Comments:

SB-2429

Submitted on: 2/3/2020 5:01:07 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Testifying for Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:



*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American
Samoa) Section*

TO: Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Senate Committee on Human Services
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

DATE: Wednesday, February 5, 2020, 2:45PM
PLACE: Hawai'i State Capitol, Conference Room 016

FROM: ACOG Hawai'i Section
Dr. Chrystie Fujimoto, MD, FACOG, Chair
Dr. Reni Soon, MD, MPH, FACOG, Vice-Chair
Lauren Zirbel, Community and Government Relations

**Re: SB 2429 – Relating to Health
Position: STRONG SUPPORT**

As a section of the Nation's leading group of physicians dedicated to improving health care for women, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **strongly supports SB 2429** and other legislative proposals that **ensure access to safe, high-quality maternity care** for all of Hawai'i's women and infants. SB 2429 is critical for Hawai'i's women and families for the following reasons:

Complications associated with pregnancy do not always end when the pregnancy ends or even 60 days after - 60 days of postpartum health care is not enough.

- Approximately 700 women in the U.S. die from pregnancy-related issues each year.¹
- Half (10/20) of the maternal deaths in Hawaii in 2015 and 2016 occurred in the late postpartum period (43 days to 1 year after the pregnancy ended,² and the Hawaii Maternal Mortality Review Committee determined over half of Hawaii's maternal deaths were preventable.
- Mental health disorders, including substance use disorders, are one of the largest causes of maternal mortality – most of these health problems do not resolve in 60 days.
- Mortality is the tip of the iceberg – for every 1 maternal death, experts estimate there are over 100 life-threatening complications occurring related to pregnancy (e.g. stroke, organ failure, seizures)
- The health of the entire family is often impacted, sometimes for years, when a mother is struggling with health complications, mental health disorders, or substance use disorders.
- All of our members, even our trainees, have cared for women with health complications that lasted longer than 60 days – this is not uncommon. We are their doctors and it is

¹ "Pregnancy-Related Deaths." Centers for Disease Control and Prevention. Published May 7, 2019.
<https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

² Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.

extremely frustrating and heart-breaking when our patients stop coming to these essential healthcare visits because they've lost their insurance.

Women are highly motivated during pregnancy to address their healthcare problems, and that progress in their health can be pre-empted when insurance coverage is lost.

- Women seek treatment for mental health disorders or substance use disorders during pregnancy, and are more likely to relapse if they cannot continue their treatment (treatment which usually lasts longer than 60 days).
- Other common health conditions such as high blood pressure or diabetes, which women are also very motivated to address during pregnancy, require comprehensive and continuous coverage after pregnancy. Unfortunately, women who lose access to health care shortly after delivery often are no longer able to control those conditions and the next time an obstetrician sees them is her next pregnancy. Often these conditions have worsened making this next pregnancy even more complicated and high-risk.
- Health insurance is also critical for access to contraception which would help a woman delay her next pregnancy until she can optimize her health.

SB 2429 would INCREASE access to healthcare for some of Hawaii's most vulnerable communities

- While any mother can suffer complications associated with pregnancy, low-income women, immigrant women, and women of color disproportionately experience these complications.
- In Hawaii, Compact of Free Association (COFA) migrants are most affected by the lapse in health care coverage and are also disproportionately affected by such pregnancy complications as diabetes and high blood pressure.
- Medicaid recipients are 82% more likely to experience severe maternal morbidity and mortality than women with private health insurance.³

Four other states have passed legislation to extend Medicaid postpartum coverage and four others and the District of Columbia are pursuing such legislation this year. In addition, three Congressional omnibus bills aim to reduce maternal mortality and one of the mechanisms each of these bills is proposing is extending Medicaid postpartum coverage to 12 months. Hawai'i can and should continue to be a national leader in health care.

One suggested amendment to the language of the bill to clarify the population we are addressing, and to ensure we do not exclude women who experience a stillbirth or miscarriage, for whom chronic conditions such as postpartum depression can still affect, would be to replace the language in section 2C on page 4 (lines 6-9) with: "Any woman who is enrolled in Medicaid insurance coverage during her pregnancy shall be eligible for medical assistance under this section for a period ending twelve months following the end of pregnancy, using the same eligibility criteria that qualified her for pregnancy coverage."

HI ACOG recognizes that the Hawai'i State Legislature is committed to improving maternal health care in passing legislation such as that which created the Hawai'i Maternal Mortality Review Committee in 2016. It is time to take the findings of this committee and take the next step in recognizing the importance of health care access for a full year postpartum and the importance of this access to ALL of Hawaii's women and families. For these reasons, HI ACOG strongly supports SB 2429 and we urge your committees to pass this measure.

Thank you for the opportunity to testify.

³ <https://www.modernhealthcare.com/medicaid/medicaid-changes-could-address-maternal-mortality-driven-social-determinants>



HAWAII APPLESEED
CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai'i Appleseed Center for Law & Economic Justice
In Support of SB 2429 – Relating to Health
Senate Committees on Human Services and on Commerce, Consumer Protection, and Health
Wednesday, February 5, 2020, 2:45 PM, in conference room 016

Dear Chairs Ruderman and Baker, Vice Chairs Rhoads and Chang, and members of the Committees:

Thank you for the opportunity to provide testimony in **SUPPORT of SB 2429**, which would provide medical assistance for women who are otherwise ineligible for coverage for 12 months following childbirth.

We believe that providing health care coverage 12 months postpartum will help improve the health of low-income, migrant, and immigrant women and babies, as they are at the highest risk for postpartum health complications. In addition to threatening the health of our mothers and children, poor birth outcomes add significant medical costs to the state.

Currently, MedQuest/Medicaid patients have coverage for only 60 days following childbirth. That is simply not enough to ensure postpartum health. For example, according to the Hawai'i Maternal Mortality Review Committee, of the 20 maternal deaths that occurred in 2015-2016, half of them occurred more than 42 days after childbirth.

While fewer than 1 in 25 (4%) of all Hawai'i residents have no health insurance, nearly 1 in 4 (23%) Micronesian residents lack it. Women are also more likely to hold low-wage or part-time jobs that do not offer employer-sponsored health benefits, so MedQuest is more likely their only potential source of medical coverage.

Four states have already passed legislation extending postpartum care for Medicaid patients, and at least four more and the District of Columbia are considering legislation this year. Expanding coverage is already having good effects on health outcomes, with decreasing maternal mortality rates in Medicaid expansion states.

Extending MedQuest coverage to 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself by lowering the incidence and cost of poor postpartum health outcomes.

We appreciate your consideration of this testimony. We urge you to pass this bill.

The Hawai'i Appleseed Center for Law and Economic Justice is committed to a more socially just Hawai'i, where everyone has genuine opportunities to achieve economic security and fulfill their potential. We change systems that perpetuate inequality and injustice through policy development, advocacy, and coalition building.



Lin Joseph
State Director
Maternal and Child Health &
Advocacy and Government Affairs
Hawaii
T (808) 973-2152
hjoseph@marchofdimes.org
MARCHOFDIMES.ORG

February 5, 2020

To: Honorable Russell Ruderman
Honorable Rosalyn Baker

From: Lin Joseph
Director of Maternal & Child Health &
Advocacy and Government Affairs
March of Dimes Hawaii

Re: In strong support of
SB 2429
Hearing: Wednesday February 5, 2020
Conference Room 016, State Capitol

Chair Ruderman, Chair Baker, Members of the Committees:

I am writing in strong support of SB 2429, Relating to Health.

For more than 80 years, the March of Dimes has been a leader in maternal and child health. Our mission is to lead the fight for the health of all moms and babies.

Pregnancy-related deaths occur not only during delivery but also during pregnancy and up to one year postpartum. In 2019, the Center for Disease Control and Prevention (CDC) reported that approximately one-third of maternal deaths occur during pregnancy, one-third during delivery and up to six days postpartum, one-third occur between one week and one year after delivery. Up to 60% of these deaths could have been prevented. Among the recommendations from the CDC was extending Medicaid coverage for eligible women to include one year of postpartum care.¹

In 2016, Hawaii passed Act 203 to require the Department of Health to conduct child death reviews and implement a maternal mortality review. The Hawaii Maternal Mortality Review Committee has been reviewing all maternal deaths in the state dating back to 2015 and has found that approximately half of maternal deaths in Hawaii have occurred 43 days to one year postpartum, which is a critical time for women with mental health challenges, substance use disorders, and

February 5, 2020
Honorable Russell Ruderman
Honorable Rosalyn Baker
Page 2

cardiac conditions. Adequate postpartum coverage enables new mothers to obtain the services they need to ensure a full recovery and to ensure their next pregnancy can be healthy. This includes postpartum visits where their physical, emotional, and psychosocial wellbeing can be evaluated, family planning can be discussed, and existing conditions can be addressed.

March of Dimes supports efforts to eliminate preventable maternal mortality and severe maternal morbidity. To achieve this, March of Dimes supports ensuring that all women have quality, affordable health insurance and health care to include but not be limited to prenatal care, depression screening, mental health treatment, substance use treatment, and access to health care providers who understand and meet their health needs before, during and after pregnancy. Further, March of Dimes supports public policy that includes improving the social and economic conditions and quality of health care at all stages of a woman's life.

March of Dimes supports passage of SB 2429 to extend Medicaid coverage of postpartum care to a full year after giving birth.

Thank you for your commitment to improving the health of women and children. I respectfully ask for your kokua in supporting SB 2429.

¹ Vital signs: pregnancy-related deaths, United State, 2011-2015, and strategies for prevention, 2013-2017. Morbidity and Mortality Weekly Report, May 7, 2019.



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

Wednesday, February 5, 2020, 2:45 PM
Hawaii State Capitol, Conference Room 016

To: Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair

Senate Committee on Human Services
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative (HMIHC)

POSITION: STRONG SUPPORT

Dear Senator Baker, Senator Chang, Senator Ruderman, Senator Rhoads and Members of the Committees,

Thank you for the opportunity to submit testimony in **strong support of S.B. 2429.**

Currently, postpartum coverage for women with Medicaid is guaranteed for 60 days, after which many women lose coverage. Loss of insurance coverage in the first year after delivery puts many women into crisis as health care needs related to pregnancy, labor and delivery often do not resolve within 60-days and require ongoing care. Underlying medical conditions such as diabetes, cardiac disease or hypertension are often diagnosed during and after pregnancy and require ongoing care in the postpartum period. The postpartum period is also a critical time for women with depression, other psychiatric conditions, as well as substance use disorder, and will require access to ongoing services for which insurance coverage is necessary. Thus, loss of insurance coverage within 12-months postpartum places women with these medical conditions at increased risk for adverse outcomes.

A sixty-day postpartum coverage period is simply not enough time to address the health needs of women which may arise over the course of her pregnancy and in the postpartum period, which is why we are advocating for a longer postpartum insurance coverage period. This is of particular importance in Hawai'i as recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, other serious health consequences may arise, including stroke, organ failure, seizures, mental health challenges, and substance use disorders. All

of these do not resolve immediately after the pregnancy is over, which is why the women of Hawai‘i need adequate postpartum coverage of 12-months after delivery to ensure access to ongoing health care services.

With the aim to improve maternal health outcomes nationwide, multiple state Maternal Mortality Review Committees made specific recommendations to extend postpartum coverage to 12-months, which many other states have prioritized. Uninterrupted health care coverage 12-months after delivery for our most vulnerable patients will improve the health of Hawai‘i’s women, children, and families.

Ensuring we do not exclude women who experience a stillbirth or miscarriage, who may still be affected by chronic conditions such as postpartum depression, we suggest the following amendment:

1) Replace – Section 1C (Page 4 Lines 6-9) with the following:

“Any woman who is enrolled in Medicaid insurance coverage during her pregnancy shall be eligible for medical assistance under this section for a period ending twelve months following the end of pregnancy, using the same eligibility criteria that qualified her for pregnancy coverage.”

Senate Bill 2429 resonates strongly with the Hawai‘i Maternal and Infant Health Collaborative.

Founded in 2013, the Hawai‘i Maternal and Infant Health Collaborative (Collaborative) is a public private partnership committed to improving birth outcomes and reducing infant mortality in Hawai‘i. We are focused on health in the first year of life and want children to have the best start in life. The health of a mother strongly impacts the health and wellbeing of her children and family. We believe Senate Bill 2429 will improve the health of mothers thereby optimizing the wellbeing of families in Hawai‘i.

The Collaborative was developed in partnership with the Executive Office of Early Learning’s Action Strategy with help from the Department of Health and National Governors’ Association. The [Action Strategy](#) provides Hawai‘i with a roadmap for an integrated and comprehensive early childhood system, spanning preconception to the transition to Kindergarten. The Collaborative helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawai‘i have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators. The work is divided into three primary areas, preconception, pregnancy and delivery, and the first year of life, and coordinated by a cross sector leadership team. Work is specific, outcome driven, informed by data and primarily accomplished in small work groups.

Thank you for the opportunity to testify.

SB-2429

Submitted on: 2/3/2020 7:17:21 AM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Inouye	Individual	Support	No

Comments:

Senators Ruderman, Rhoads, Baker, and Chang,

Please support and pass SB2429. Medicaid covers only 60 days of postpartum care. For women with medical problems that arose during pregnancy, postpartum depression, or substance abuse, 60 days is not enough time for adequate treatment. Our very vulnerable patients need one year of postpartum coverage to achieve their full health potential. Thank you for this opportunity to testify on such an important measure that will affect not only mothers but also their babies and their entire families.

Respectfully submitted,

Colleen F Inouye MD MMM FACOG

SB-2429

Submitted on: 2/3/2020 12:13:57 AM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Azuma Chrupalyk	Individual	Support	No

Comments:

I don't think this should need a comment. It needs a delegation committee to put the program together.

SB-2429

Submitted on: 2/2/2020 11:37:42 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Support	No

Comments:

SB-2429

Submitted on: 2/2/2020 10:39:59 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Marten	Individual	Support	No

Comments:

Please support women's health!

SB-2429

Submitted on: 2/1/2020 7:14:59 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Caroline Kunitake	Individual	Support	No

Comments:

Dear Chair Roslyn Baker and Members of the Committee on Commerce, Consumer Protection and Health,

I am writing in support of SB2429 - RELATING TO HEALTH. This bill provides medical assistance for pregnant women in certain circumstances.

This bill will seek to increase postpartum coverage for Medicaid patients, which is currently at 60 days, to 12 months. There has been increasing emphasis on the importance of postpartum care. The medical community is recognizing that many postpartum conditions are not resolved at 60 days thus requiring ongoing care.

In a country as wealthy as the United States, it is a shame that our health care outcomes are worse than other countries that spend much less on healthcare. Therefore we need to pay more attention to vulnerable populations to reduce the number of infant deaths (which continues to rise in the United States).

Please support SB2494.

Mahalo,

Caroline Kunitake

TO: Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair
Senate Committee on Human Services
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

DATE: Wednesday, February 5, 2020, 2:45PM

PLACE: Hawai'i State Capitol, Conference Room 016

FROM: Jennifer Chin, MD, ACOG Hawaii Section Junior Fellow Legislative Chair

Re: SB 2429 – Relating to Health
Position: STRONG SUPPORT

Dear Chairs Baker and Ruderman and Vice Chairs Chang and Rhoads,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in **strong support of SB2429**.

As an obstetrician-gynecologist, I have been privileged to take care of many women covered under Medicaid insurance. I know that these are some of our most vulnerable, medically complex patients who need medical care both during and after their pregnancy. Currently, postpartum coverage for women under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Many of our patients lose insurance after this time period and are lost to follow up. Their medical problems are not taken care of and the next time we see them, they are pregnant again with more complex issues. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

As an example, I recently took care of a patient who had high blood pressures and methamphetamine use in her pregnancy, which unfortunately resulted in a stroke and preterm delivery. What was especially sad is that she had both of these issues in her previous pregnancy and had been planning to obtain birth control but was unable to because of a loss of insurance. If she had been able to continue her medical care, her blood pressures would have been better controlled and she could have received treatment for her substance use disorder. Additionally, she would have been able to receive birth control which would have delayed her next pregnancy until she was healthier and ready for another baby. This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year.

This is of particular importance in Hawai'i. Recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, we must remember that there are other serious consequences including stroke, organ failure, seizures, mental health problems, and substance use disorders. All of these issues do not disappear after the pregnancy is over. The women of Hawai'i need adequate postpartum coverage for one year after pregnancy.

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for our most vulnerable patients will improve the health of Hawai'i's women, children, and families.

I strongly support **SB2429** and I appreciate the opportunity to provide this testimony.

Thank you,

Jennifer Chin

Obstetrics and Gynecology Chief Resident

ACOG Hawaii Section Junior Fellow Chair

SB-2429

Submitted on: 2/3/2020 9:45:47 AM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia J. Goto	Individual	Support	No

Comments:

SB-2429

Submitted on: 2/3/2020 1:47:40 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
pahnelopi mckenzie	Individual	Support	No

Comments:

SB-2429

Submitted on: 2/3/2020 3:17:33 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Bliss Kaneshiro	Individual	Support	No

Comments:

I stand in strong support, this will improve the health of mothers and their families.

SB-2429

Submitted on: 2/3/2020 3:25:03 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
JoAnn Farnsworth	Individual	Support	No

Comments:

SB-2429

Submitted on: 2/4/2020 12:05:58 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Harris	Individual	Support	No

Comments:

Dear Senators

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of Senate Bill 2429.

As an obstetrician-gynecologist, I have been privileged to take care of many women covered under Medicaid insurance. I know that these are some of our most vulnerable, medically complex patients who need medical care both during and after their pregnancy. Currently, postpartum coverage for women under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Many of our patients lose insurance after this time period and are lost to follow up. Their medical problems are not taken care of and the next time we see them, they are pregnant again with more complex issues. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

As an example, I recently took care of a patient who had an ovarian cyst which was followed on ultrasound through her pregnancy. She delivered via cesarean section and her cyst was removed at this time. About a week after her surgery, it was confirmed that this cyst was cancerous. She had difficulties with follow up and though she was notified of these results by phone, she was unable to see the oncology provider she needed as she lost her insurance coverage. This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year.

This is of particular importance in Hawai'i. Recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, we must remember that there are other serious consequences including stroke, organ failure, seizures, mental health problems, and substance use disorders. All of these issues do not disappear after the pregnancy is over. The women of Hawai'i need adequate postpartum coverage for one year after pregnancy.

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for our most vulnerable patients will improve the health of Hawaii's women, children, and families.

I strongly support SB2429, and I appreciate the opportunity to provide this testimony.

Thank you,

Sara Harris, MD

LATE

SB-2429

Submitted on: 2/4/2020 5:14:55 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Bilyk	Testifying for Breastfeeding Hawaii	Support	No

Comments:

SB-2429

Submitted on: 2/4/2020 9:31:12 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Pai-Jong Stacy Tsai	Individual	Support	No

Comments:

I am a practicing obstetrician in Hawaii, and I am writing in strong support of **strong support of S.B. 2429 – extending Medicaid coverage postpartum for 12-months.**

As a maternal-fetal medicine physician who practices high risk obstetrics, I have been privileged to take care of many women covered under Medicaid insurance. These women are some of our most vulnerable, medically complex patients who need medical care both during and after their pregnancy. Currently, postpartum coverage for women under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Many of our patients lose insurance after this time period and are lost to follow up. Their medical problems are not taken care of and the next time we see them, they are pregnant again with more complex issues. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

I recently saw a pregnant patient with heart disease who needed intense cardiac care after her last pregnancy. But due to lack of insurance postpartum she could not follow up with a cardiologist. Her heart disease now in her second pregnancy is much worse and her chance of maternal death have also increased. I am also the current chair of our Hawaii Maternal Mortality Review Committee. Recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, we must remember that there are other serious consequences including stroke, organ failure, seizures, mental health problems, and substance use disorders. All of these issues do not disappear after the pregnancy is over. The women of Hawai'i need adequate postpartum coverage for one year after pregnancy.

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for our most vulnerable patients will improve the health of Hawaii's women, children, and families.

I strongly **support of S.B. 2429**, and I appreciate the opportunity to provide this testimony.

Thank you,

Stacy Tsai

SB-2429

Submitted on: 2/5/2020 12:48:40 AM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Porsha Arnold	Individual	Support	No

Comments:

Having access to medical care after childbirth is important for the mother as well as for the child. As mentioned in the bill, the first 12 weeks after childbirth is a critical time when women are highly vulnerable to physical health complications. However, it is also a time when they are vulnerable to mental or behavior health complications, such as post-partum depression and suicide. It is unclear if "medical insurance" or "medical assistance" includes coverage for mental and behavior health services. I am in support of this bill and would like to see it pass with an inclusion of health services that is physical and mental health focused. - Thank you, Porsha Arnold (Mom, BSW, & UH MSW Student)

Dear Chair Sen. Baker and Vice Chair Sen. Chang,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of SB 2429.

As an obstetrician-gynecologist, I have been privileged to take care of many women covered under Medicaid insurance. I know that these are some of our most vulnerable, medically complex patients who need medical care both during and after their pregnancy. Currently, postpartum coverage for women under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Furthermore, it is an arbitrary time period that is unrelated to the physiology of pregnancy.

Many times we are able to identify health conditions for the first time during their pregnancy because it is the first time they have qualified for health insurance. For example, it may be the first time we discover they have uncontrolled diabetes, a heart condition, cervical pre-cancer, or an autoimmune problem. However, once identified, many of these conditions need months to years of follow up. They need subspecialist referrals. They need repeat ultrasounds of their heart after the physiology of pregnancy has resolved. They need blood tests that are invalid during pregnancy in order to officially diagnose their condition. All of these things are impossible to do when that patient loses coverage at 60 days postpartum. Because of this, many patients just return to our care with their next pregnancy in about a year, now with their health condition far worse off than if it had been managed during the interim. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

As an example, I recently took care of a patient who had a total body anaphylactic rash erupt all over her body immediately after delivery. She had to be in the ICU to keep her blood pressures up because whatever reaction she was having affected many of her organ system. It is unclear if this was an allergic reaction, and if so, to what, or if it reflected a flare of an underlying autoimmune condition. However you cannot test for autoimmune conditions during a flare, so we need to wait until postpartum in order to send her to an Allergist and Immunologist to further work up her life-threatening illness. However most specialists have waiting lists far longer than 60 days, and even if she sees the specialist within that time, that will only be the initial consult. She will need weeks to months of follow up to determine her condition and to determine future management. But this won't happen. She will lose her insurance at 60 days and I will take care of her in about a year when she is pregnant again. I still won't know what caused her life-threatening reaction, and she is at higher risk of it occurring again, potentially worse the second time.

As another example, I recently took care of a patient who was 8 months pregnant and came to the hospital in heart failure caused by Preeclampsia. Although her preeclampsia goes away after her delivery, her heart failure will not. We were lucky enough to stabilize her, deliver her baby safely, and she left the hospital alive, but she will need a year of heart failure medications, many repeat heart ultrasounds, and continued visits with a cardiologist. However I know that

this patient will lose her insurance coverage at 60 days postpartum and will not receive the care she needs. Unless her heart recovers on its own, when she returns to my care with another pregnancy she will have a mortality rate approaching 100%. This is unethical and unacceptable.

This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year. This is of particular importance in Hawai'i. Recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, we must remember that there are other serious consequences including stroke, organ failure, seizures, mental health problems, and substance use disorders. All of these issues do not disappear after the pregnancy is over. The women of Hawai'i need adequate postpartum coverage for one year after pregnancy.

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for our most vulnerable patients will improve the health of Hawaii's women, children, and families.

I strongly support SB 2429, and I appreciate the opportunity to provide this testimony.

Thank you,
Danielle Ogez, MD, MPP
Obstetrics and Gynecology Chief Resident
ACOG Hawaii Section Junior Fellow Chair

SB-2429

Submitted on: 2/4/2020 10:53:05 PM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Ing	Individual	Support	No

Comments:

I am an OBGYN in Hawaii that takes care of patients every day that would greatly benefit from the passage of this bill. Some of my patients are only able to get medical insurance while they are pregnant and they often need care that extends past the 60 days that they are currently covered for. This would allow us to better follow up with our patients with common medical problems that are exacerbated in pregnancy like hypertension and diabetes.

SB-2429

Submitted on: 2/5/2020 10:21:48 AM

Testimony for CPH on 2/5/2020 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jasmin	Individual	Support	No

Comments:

Dear Senators Ruderman, Rhoads, Baker, and Chang

Position: Strongly support

I am a practicing Ob/Gyn based primarily at Kapiolani Medical Center for Women and Children. I had a patient who came to my clinic for her first prenatal appointment when she was already 8 months pregnant. She told me it took so long because she had lost her insurance right after her last baby and it took a while to reapply. she had horrible diabetes, it was likely "pregestational" meaning it was not caused by her pregnancy, but was instead a chronic disease. However, we couldn't make that diagnosis because she never had care during the time it could have been diagnosed. A pregnant women with pregestational diabetes has higher risk for heart attack, kidney failure, and lifethreatening complications. Her baby has higher risk of stillbirth, birth defects, NICU stays. Because she lost health insurance, she didn't get her chronic diabetes controlled prior to this current pregnancy. Because she lost health insurance, she got late prenatal care and by then it was too late for her and her baby to get the standard surveillance and treatment that they deserved.

Please extend postpartum coverage to 12 months. These chronic medical conditions endanger women and their babies during pregnancy and they dont go away 60 days after deliver. If my patient had extended postpartum coverage, we could have confirmed her pregestational diabetes diagnosis, and done a smoother transition to a low cost PCP who optimize her health until her next pregnancy.

Please support these hard working women and their families. They want to get care, they want to get healthier. We have it within our power to help get them there.

Sincerely,

Jasmin Reyes-Moncada, MD

Ob/Gyn Resident Physician at UH JABSOM

ACOG Jr. Fellow

